

**BY ORDER OF THE COMMANDER  
FAIRCHILD AIR FORCE BASE**

**FAIRCHILD AIR FORCE BASE  
INSTRUCTION 65-101**



**31 JULY 2012**

***Financial Management***

**CIVILIAN PAY TIME AND ATTENDANCE  
RECORD KEEPING**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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(Lt Col Brian C. Hoybach)

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This instruction implements Air Force Policy Directive (AFPD) 65-1, *Management of Financial Services*. It references Defense Civilian Pay System (DCPS) –User Manual (UM)-04, *Time and Attendance Users Manual*, Department of Defense (DoD), Financial Management Regulation 7000.14, Volume 8, *Civilian Pay Policy and Procedures*, and Air Force Instruction (AFI) 36-802, *Pay Setting* para 3.1.1. It standardizes instructions for preparing and certifying Fairchild Air Force Base (AFB) 261, *Time and Attendance Records*, for civilian employees of the United States Air Force (USAF) units serviced by 92d Comptroller Squadron Financial Services Office (CPTS/FMF) as well as standardizes procedures for management of civilian overtime. This publication applies to the 92d Air Refueling Wing (92 ARW). It delineates the supervisor's responsibility for accuracy of reports and provides instructions for preparing and certifying time and attendance forms. The Fairchild AFB Form 261 is affected by the Privacy Act (PA) of 1974.

Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW the Air Force (AF) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847 from the field through the appropriate functional's chain of command. This instruction requires collecting and

maintaining information protected by the *Privacy Act of 1974*. System of Records Notice (SORN) F065 AF A, *Time and Attendance Feeder Records*, applies.

**1. Time and Attendance (T&A) Applicability:** The designated timekeepers for each organization will maintain a record of each employee's T&A on Fairchild AFB Form 261. The Financial Services officer will give timekeepers instructions and training on the preparation and input of T&A forms, if requested.

**2. Fairchild AFB Form 261:** Use this form for reporting exceptions to a normal tour of duty for each employee for a bi-weekly pay period. Use it to report all types of paid and unpaid hours and leave charges that fall outside an employee's normal tour of duty.

**3. Certification:** The certification of a T&A form is an authorization for the expenditure of government funds. The first-line supervisors are responsible for certifying T&A forms; however, in the absence of the first-line supervisor, the acting supervisor or the next level supervisor may certify T&A forms and approve leave.

3.1. Certifying responsibilities should not be assigned to individuals who cannot actually observe employees' attendance and absence each day.

3.2. Supervisors may not certify their own T&A forms.

**4. Supervisor's Responsibilities:** The supervisor may assign checking of daily attendance and posting of T&A forms to a subordinate. Assignment of these duties to a timekeeper does not relieve the subordinate. Assignment of these duties to a timekeeper does not relieve the supervisor of the responsibility for the accuracy of the forms.

**5. Timekeeper Responsibilities:** All supervisors/subordinates/timekeepers should record all manner of exceptions to T&A records on a daily basis on the Fairchild AFB Form 261. Ensure employees either initial the form for leave used or sign Standard Form (SF) 71, *Application for Leave*.

5.1. Ensure that all postings for overtime and compensatory time earned are approved, corrections on the T&A form initialed, and totals are correct before submitting the T&A form.

5.2. Ensure that employees present witness and jury duty documents and documents of attendance and statements of fees paid to employees. Contact the 92d Comptroller Squadron Financial Services Office (92 CPTS/FMF) for additional information on jury duty.

5.3. SF 71 that is used for other than home leave or telecommuting, used by the supervisor to approve/disapprove or verify leave information to be posted to time and attendance forms, must be destroyed at end of the pay period if the T&A form is initiated by the employee.

5.3.1. If the number of leave hours taken is less than a full workday, code the leave type and the number of hours used for each day leave is taken. Post the actual clock hours in the "Time Frame" section of the form.

**6. Recording Entries of Fairchild AFB Form 261:** The form is self explanatory; however, timekeepers must ensure approving officials are signing for the appropriate leave entry as identified in AFI 36-815, *Absence and Leave*:

6.1. Enter the correct number in the "Pay Period" block.

6.2. Annotate the appropriate type of leave (call the Civilian Payroll Office for other leave codes):

- 6.2.1. LA—Annual Leave
- 6.2.2. LS—Sick Leave
- 6.2.3. LY—Time-off Award
- 6.2.4. KA—Leave Without Pay
- 6.2.5. LC—Court Leave
- 6.2.6. LM—Military Leave
- 6.2.7. OS—Overtime Scheduled
- 6.2.8. CD—Credit Time Earned
- 6.2.9. CN—Credit Time Taken
- 6.2.10. CE—Compensatory Time Earned
- 6.2.11. CT—Compensatory Time Taken
- 6.2.12. CB—Travel Compensatory Time Earned
- 6.2.13. CF—Travel Compensatory Time Taken
- 6.2.14. OU—Overtime Unscheduled

**7. Erroneous Entries.** Only the certifying official can make pen and ink changes. The certifying official must line through the error and make corrections as near as possible to the erroneous entry. The certifying official must initial each line-through correction. Do not use white-out or correction tape on T&A forms.

**8. Erroneous T&A Forms.** If a certifying official has already forwarded T&A forms to the timekeeper and makes changes to the employee's T&A forms which were not recorded, the certifying official must accomplish a new T&A form. Send the new form to the timekeeper as soon as possible with the words "Corrected Copy" at the top of the new T&A form. The timekeeper will input the changes, but the changes may not meet the required Defense Finance Accounting System (DFAS) suspense for the current pay period but should appear in the following pay period.

**9. Overtime Policy and Procedures.** AF Information Management Tool (IMT) 428, *Request for Overtime, Holiday Premium Pay, and Compensatory Time*, is used to request approval of overtime, holiday premium pay and compensatory time. This form must be accomplished before the employee works additional time or, in an emergency, no later than the first workday after the work is performed. The designated timekeepers for each organization will maintain a record of each employee's AF IMT 428.

9.1. **Overtime Approval Authority.** Within the wing, group commanders and their deputies are designated final approving officials for their respective personnel. Requestors must be squadron commander/deputy or higher.

9.1.1. **AF IMT 428.** An electronic AF IMT 428 will be used to expedite the approval process. Attachment 2 provides further guidance on how to complete the AF IMT 428. Timekeepers are required to keep all overtime forms (AF IMT 428) on file with the Fairchild AFB Form 261. Ensure the complete date is included on the Fairchild AFB Form 261 for future reference.

9.1.1.1. AF IMT 428 must include all applicable signatures with dates prior to payroll processing. To aid in timelines, an electronic AF IMT 428 will be provided to all organizations via respective group Resource Advisors (RA).

9.1.1.2. Supervisors must ensure employees' timekeeping records include approved AF IMT 428 for any overtime or compensatory time claimed. Further, supervisors must ensure the approved hours on the AF IMT 428 total (or exceed) the amount claimed on the time sheet.

9.1.1.3. All signatures must be made by the proper approving authority, as described in paragraph 9.1. above.

9.1.1.4. **Funds Certification** must be accomplished by group RAs or Comptroller personnel. Funds certifying officials must be appointed in writing by the group commander or base Comptroller, specifically indicating authority to approve overtime or compensatory time, as relates to annual budget provided to groups at the first Financial Management Board (FMB) of the fiscal year (FY).

9.1.1.5. Justification on the AF IMT 428 must be detailed and describe, at a minimum, the specific work requiring overtime/compensatory time and identify why these tasks should not be completed during normal business hours or by other manning (e.g., military).

9.1.1.6. Ensure all annual self-inspections are performed according to Attachment 3.

9.1.1.7. When civilian employees deploy, the responsible base-level supervisor will ensure correspondence is obtained from the deployed location leadership specifying those who are authorized to approve overtime/compensatory time. Supervisors will ensure any overtime/compensatory time processed into the payroll system is approved by authorized individuals.

9.1.1.8. Supervisors should carefully evaluate mission requirements before approving annual leave and requesting overtime authorizations in the same pay period. An example of an exception is required emergency overtime after annual leave has already been taken. Commanders should use sound judgment to ensure overlapping overtime and annual leave is kept to a minimum.

9.1.1.9. Social Security Numbers (SSNs) will no longer be required on AF IMT 428.

9.1.1.10. Supervisors have the authority to direct employees to take compensatory time before annual leave. This management oversight measure will help control payroll costs, as unused compensatory hours payout after 26 pay periods. Further, supervisors have the authority to adjust employee work schedules to accomplish the mission. For example, if you find that an employee typically works four hours overtime on Tuesdays to align with late flight ops, you could align the employee's schedule to avoid unnecessary overtime. 92d Force Support Squadron Civilian

Personnel (FSS/FSMC) should be consulted when dealing with non-routine leave or work schedules.

**9.2. Self-inspection Checklist.** Quarterly self-inspection is required to ensure proper management of the civilian overtime program. Group commanders shall designate an individual to complete the quarterly self-inspection and associated checklist (Attachment 3). The 92 CPTS will oversee the program, assign names for audits and review self-inspection findings. Each quarterly self-inspection will be completed within 30 days of the end of each quarter and forwarded to 92 CPTS for review/approval. Corrective actions are the responsibility of each group commander and must be vetted through 92 CPTS.

PAUL H. GUEMMER, Colonel, USAF  
Commander, 92d Air Refueling Wing

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 36-802, *Pay Setting*, 01 September 1998

AFI 36-815, *Absence and Leave*, 05 September 2002

AFMAN 33-363, *Management of Records*, 01 March 2008

AFPD 65-1, *Management of Financial Services*, 01 July 1996

DCPS-UM-04, *Time and Attendance Users Manual*, 09 September 2001

DoD Financial Management Regulation 7000.14, Volume 8, *Civilian Pay Policy and Procedures*, October 2011

***Prescribed and Adopted Forms.*****Prescribed Forms:**

Fairchild AFB Form 261, *Time and Attendance Record*

**Adopted Forms:**

AF Form 847, *Recommendation for Change of Publication.*

AF IMT 428, *Request for Overtime, Holiday Premium Pay, and Compensatory Time.*

SF 71, *Application for Leave.*

***Abbreviations and Acronyms***

**AFB**—Air Force Base

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFPD**—Air Force Policy Directive

**DCPS**—Defense Civilian Pay System

**DoD**—Department of Defense

**FMB**—Financial Management Board

**FY**—Fiscal Year

**IAW**—In Accordance With

**IMT**—Information Management Tool

**OPR**—Office of Primary Responsibility

**PA**—Privacy Act

**PEC**—Program Element Code

**RA**—Resource Advisor

**RC**—Responsibility Center

**RDS**—Records Disposition Schedule

**SF**—Standard Form

**SSN**—Social Security Number

**T&A**—Time and Attendance

**UM**—User Manual

**USAF**—United States Air Force

**Attachment 2****INSTRUCTIONS FOR COMPLETING AF IMT 428**

Block 1: Group commander's office (e.g. 92 MSG/CC)

Block 2: Squadron commander's office (e.g. 92 CES/CC)

Block 3: Supervisor's name and phone number

Block 4: Detailed description of why extra time is needed. Who, what, where, when and why. Explain what work is being accomplished and why it cannot be accomplished during normal hours or by military personnel.

Block 5: Enter the appropriate pay period of year. Approve requests only for one pay period at a time.

Block 6: Leave blank.

Block 7: Employee's name. Up to 12 people per form (provided line of accounting is the same for all employees, otherwise complete separate AF IMT 428). DO NOT INCLUDE SSNs (including last 4).

Block 8: Employee's grade.

Block 9: Total hours requested during the current pay period.

Block 10: Date, or dates, the extra time is required.

Block 11: Overtime or Holiday rate. Assume 1.5 times the normal hourly pay rate (not always the case).

Block 12: Multiply hours times overtime/holiday rate.

Block 13: Total hours of compensatory time requested.

Block 14: Date, or dates, the compensatory time is required. (Totals go at the bottom of blocks 9, 12 and 13)

Block 15: Manually type in date

Block 16: Squadron commander (or deputy) info.

Block 17: Completed/electronically signed by the squadron commander (or deputy).

Block 18: Program Element Code & Responsibility Center/Cost Center (PEC & RC/CC) details only.

Block 19: Group RA will indicate if this action is within annual Overtime budget. If not, you will need Wing Civilian Pay Manager approval.

Blocks 20-22: Completed/electronically signed by the group RA. Manually type in date.

Blocks 23-26: Completed/electronically signed by the group or deputy commander.



Attachment 1 – AF IMT 428 Format REQUEST FOR OVERTIME, HOLIDAY PREMIUM PAY, AND COMPENSATORY TIME							
TO BE COMPLETED BY SUPERVISOR							
TO 1		THRU 2		FROM 3			
JUSTIFICATION (Include details requiring overtime) 4				PAY PERIOD 5			
				RC/CC Leave Blank			
				REQUEST NUMBER 6 (Leave Blank)			
SSN AND NAME, OR NUMBER  OF EMPLOYEES BY GRADE, AND OFFICE SYMBOL	GRADE	HOURS  RE REQUESTED	DATE  OVERTIME WILL BE WORKED	ESTIMATED  OVERTIME/ HOLIDAY RATE		COMPENSATORY TIME  HOURS DATE	
7	8	9	10	11	12	13	14
TOTAL							
DATE  15	TYPED NAME, GRADE AND TITLE OF REQUESTER  16			SIGNATURE  17			
<b>FUND CERTIFICATION</b>				<b>APPROVING AUTHORITY</b>			
ACCOUNTING CLASSIFICATION  18				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED 23		DATE  24	
<input type="checkbox"/> FUNDS AVAILABLE 19 <input type="checkbox"/> FUNDS NOT AVAILABLE	TYPED NAME, GRADE AND TITLE  20			TYPED NAME, GRADE AND TITLE  25			
DATE  21	SIGNATURE OF CERTIFYING OFFICIAL  22			SIGNATURE OF APPROVING OFFICIAL  26			

## Attachment 3

**OVERTIME, HOLIDAY PREMIUM PAY AND COMPENSATORY TIME SELF-INSPECTION CHECKLIST**

Attachment 3

**Overtime, Holiday Premium Pay and Compensatory Time Self-Inspection Checklist****SELF INSPECTION CHECKLIST OF OVERTIME, HOLIDAY PREMIUM PAY & COMPENSATORY TIME USAGE AND DOCUMENTATION**

	Review AF Form 428, time and attendance records and any other supporting documents for names individuals below
	Ensure AF Form 428 is completed. Each line and each section should be filled out accurately. Ensure that appropriate signatures (supervisor/approving official/fund certifying official) have been obtained
	Verify AF Form 428 request was completed before the overtime was worked; accounting classification was used, time and cost estimates provided, etc. If emergency overtime was required verify AF Form 428 was completed the following workday
	Compare the overtime hours that were actually paid to what the time and attendance records show

I certify that I have completed a self inspection of the following employees:	
1	
2	
3	
4	
5	

The following discrepancies were noted:

Corrective action to be taken includes:

Date corrective action identified above was completed	
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\_\_\_\_\_  
Group Designee's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Wing Designee's Signature\_\_\_\_\_  
Date